


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90267 032 ****61.25

DOCUMENT # 755874

1. Entity Name
9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address

**9300 BAY HARBOR TERRACE
CONDOMINIUM ASSOCIATION
BAY HARBOR ISLANDS FL 33154
US**


**9300 BAY HARBOR TERRACE
BAY HARBOR ISLANDS FL 33154
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2166031** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPECIALIZED CONDOMINIUM MGMT, INC.
~~290-174th St Suite 2308~~
290-174th St Suite 2308
N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATTAGLIA, MARIA	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT. 4C	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVKIND, HOPE	
STREET ADDRESS	9300 BAY HARBOR TERR. APT. 4B	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	VPDT	<input type="checkbox"/> Delete
NAME	CORBETT, MAUREEN M	
STREET ADDRESS	9300 BAY HARBOR TERRACE, 5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/03/03 305 439 64 44**

CR2E037 (10/02)